

**FORM
5**Rev
02/08State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

2586656

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 100185 4. Contact Name: SHEILA REED-HIGH
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3678
3. Address: 370 17TH ST STE 1700 Fax: (720) 876-4678
City: DENVER State: CO Zip: 80202-56

5. API Number 05-123-31204-00 6. County: WELD
7. Well Name: FOSTER Well Number: 8-8-5
8. Location: QtrQtr: SESE Section: 5 Township: 1N Range: 68W Meridian: 6
Footage at surface: Distance: 553 feet Direction: FSL Distance: 1335 feet Direction: FEL
As Drilled Latitude: 40.074543 As Drilled Longitude: -105.022576

GPS Data:

Data of Measurement: 05/23/2011 PDOP Reading: 4.5 GPS Instrument Operator's Name: PAR LINDERHOLM** If directional footage at Top of Prod. Zone Dist.: 104 feet. Direction: FSL Dist.: 64 feet. Direction: FELSec: 5 Twp: 1N Rng: 68W** If directional footage at Bottom Hole Dist.: 103 feet. Direction: FSL Dist.: 53 feet. Direction: FELSec: 5 Twp: 1N Rng: 68W9. Field Name: WATTENBERG 10. Field Number: 90750

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 04/19/2011 13. Date TD: 04/22/2011 14. Date Casing Set or D&A: 04/23/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8585 TVD** 8405 17 Plug Back Total Depth MD 8534 TVD** 835418. Elevations GR 5038 KB 5051

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CBL, DUAL IND/COMPENSATED DENSITY/COMPENSATED NEUTRON

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8		0	1,055	390	0	1,055	CALC
1ST	7+7/8	4+1/2		0	8,572	800	3,240	8,572	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SUSSEX	4,610		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,626		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,972		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND & SHANNON	8,408		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: SHEILA REED-HIGH

Title: OPERATIONS TECHNOLOGIST Date: 5/25/2011 Email: SHEILA.REEDHIGH@ENCANA.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2586658	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2586657	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
2586656	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	e-mailed Sheilla to request digital CBL and DI/CD/CN	7/26/2011 8:56:09 AM

Total: 1 comment(s)